

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Bozio et al.  
 Title: TRIM PANEL  
 Appl. No.: 10/569,225  
 International Filing Date: 08/25/2004  
 371(c) Date: 02/23/2006  
 Examiner: Abraham, Amjad A.  
 Art Unit: 1744  
 Confirmation No.: 9411

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	25	-	25	=	0	x	\$60.00	=	\$0.00
Independent Claims:	3	-	3	=	0	x	\$250.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$450.00	=	\$0.00
						CLAIMS FEE TOTAL		=	\$0.00

[ X ] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$150.00	\$0.00
[ ] Extension for response filed within the second month:	\$560.00	\$0.00
[ X ] Extension for response filed within the third month:	\$1,270.00	\$1,270.00
[ ] Extension for response filed within the fourth month:	\$1,980.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,690.00	\$0.00
EXTENSION FEE TOTAL:		\$1,270.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$160.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,270.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1,270.00

The above-identified fee of \$1,270.00 is being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 12/8/2011

By /Adam M. Gustafson/

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